Application for Submitting Electronic Discharge Monitoring Reports (e-DMRs)

☐ Change of Information
☐ Remove this contact person

PIN __ __ __ __ __ __

(Please print *legibly* in ink or type)   Please read the registration instructions before filling out this form

I. Contact Person

First Name
Last Name
Company Name and Title (Company name may be different from the facility you are representing)
Mailing Address
City   State   Zip + 4

Phone Number	FAX Number	E-MAIL Address
Username (letters and numbers only)	Alt. Username 1 (letters and numbers only)	Alt. Username 2 (letters and numbers only)

Login Password (6 - 20 characters, only letters and number with at least one number) This password allows this account to login and enter data
Reminder Password (6 - 20 characters, only letters and number) Online password find : Common ones are birthplace, favorite color, pet name
Supervisor Password (6 - 20 characters, only letters and number) This password allows the data to be submitted to Ecology
Security Word/Phrase (We will be asking for this information the first time we e-mail you to validate that the e-mail is correct)

II. Facilities That Can Be Accessed (if more than 3 facilities, attach the others on a separate sheet)

Facility Name	Permit Number	Your Role	E-mail You Y/N?	Add/Drop

III. Certification

The individual whose signature appears below authorizes the Contact Person named above to submit Discharge Monitoring Report (DMR) data electronically to the Department of Ecology. The individual is aware that the responsibility of safeguarding and securing the Username and Passwords to prevent unauthorized entry of data is theirs and in the event a change occurs or the passwords are compromised, they are responsible for notifying the Department of Ecology immediately.

All submittals to the Department of Ecology under this e-DMR application are subject to the following certification, as required by federal and state regulations:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____   _____   ---
Name of Authorized Representative   Title   **FOR OFFICE USE ONLY**
                                                          PIN:_____
                                                          Date Assigned:_____
                                                          By:_____
_____   _____   ---
Signature of Authorized Representative   Date

Sign and return this document along with document(s) of proof to the Department of Ecology using one of the addresses on the next page

The Department of Ecology is an equal opportunity agency and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled veteran's status, Vietnam Era veteran's status, or sexual orientation. If you need this document in an alternate format, please contact the WQ program at (360) 407-6600 (voice), 711 or 1-800-833-6388 (TTY).

ECY 070-120

Instructions for Application for Submitting Electronic Discharge Monitoring Reports (e-DMRs)

Introduction
This is an instruction document for applying for Electronic Discharge Monitoring Reporting. The online system allows the user to submit Discharge Monitoring Reports (DMR) via the Internet using a private account and eliminates the need to use paper. Only registered users are allowed access to the system.

Who Must Apply
Any facility that wishes to participate in the e-DMR system. The person filling out the application must be a person who is normally authorized to submit a DMR and is delegating their authority to an online system or is willing to delegate this role (and accept the results) to another person.

When to Apply
The application can be filed anytime a facility wishes to participate in the e-DMR program or if there is a change to an existing e-DMR account.

Methods of Proof for Identifying Your Facility
When filing this application please enclose one of the following : a copy of your permit's letter of coverage, the permit's cover sheet, a copy of a filled DMR that you have previously sent the Department of Ecology or a correspondence from Ecology that has both the facility and permit number on the same page for each of the facility(-ies) listed. For security reasons access to the e-DMR system will not be allowed until we have proof that the person is authorized to represent the facility(-ies) listed on the application.

What to Expect
Upon receipt Ecology will enter your data and will start a process to validate the account. The validation involves a two-part e-mail sequence that will first ask that you respond to an e-mail we will send with the Security Word/Phrase that you entered on this registration form. This will confirm that we have your correct e-mail address and the Security Word/Phrase confirms that you are the person who sent the registration. Next, we will send you another e-mail with the details of your account, including the account's Username, the Passwords and a PIN to identify who you are when you call Ecology for assistance. You will need to validate that all the information is correct and, if there are problems, contact Ecology immediately. If there are no problems the account will be activated the next business day.

Where to Apply
Mail the <u>signed</u> application and the document(s) of proof to the following Ecology office:

Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason, Lewis, Pacific, Pierce, Skamania, Thurston, and Wahkiakum counties
Washington Department of Ecology
Water Quality Program
PO Box 47775
Olympia, WA 98504-7775
(360) 407-6300

Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, and Whitman counties
Washington Department of Ecology
Water Quality Program
N. 4601 Monroe
Spokane, WA 99205-1295
(509) 329-3400

Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, and Yakima counties
Washington Department of Ecology
Water Quality Program
15 West Yakima Ave -- Suite 200
Yakima, WA 98902-3452
(509) 575-2490

Island, King, Kitsap, San Juan, Skagit, Snohomish, and Whatcom counties
Washington Department of Ecology
Water Quality Program
3190 - 160th Ave. SE
Bellevue, WA 98008-5452
(425) 649-7000

Major Industrial Unit
Washington Department of Ecology
Water Quality Program Major Industrial Unit
P.O. Box 47600
Olympia, WA 98504-7600
(360) 407-6945

Stormwater Permit Facilities
Washington Department of Ecology
Water Quality Program Stormwater Unit
P.O. Box 47696
Olympia, WA 98504-7696
(360) 407-6858

Fees
There is no application fee.

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SUBMITTING ELECTRONIC DISCHARGE MONITORING REPORTS (e-DMRs)

Application for Submitting Electronic Discharge Monitoring Reports (e-DMRs). This is an official document registering a person to electronically submit Discharge Monitoring Reports (DMR) to the Department of Ecology via Ecology's e-DMR web site.

Please print in ink or type.

CHANGE OF INFORMATION: Check this box if information included in a previously submitted registration application has changed such as a change of address, Username, Password, Reminder Password or facility list.

REMOVE THIS CONTACT PERSON: Check this box if you want to remove this person as a representative of your facility(-ies). This will prevent the person from logging in and acting on your behalf. You do not have to fill in the rest of the information but you must still sign the form.

PIN: Use only if you are reporting a "**CHANGE OF INFORMATION"** or asking us to "**REMOVE THIS CONTACT PERSON**."

Section I. Contact Person

Give the first name, last name, company name, mailing address, telephone number and FAX number of the person designated to enter your DMR.

E-MAIL Address: The person's e-mail address. Since we use this address to send a forgotten password to the Contact Person we require that this be the Contact Person's own e-mail address and not a group's e-mail address. We also use this e-mail address to notify the Contact Person when Ecology has received an e-DMR and other e-DMR related correspondence.

USERNAME: This is the login name used to identify a person to the system. This must be unique in the system and may consist of only letters and numbers. Spaces are not allowed. Due to the number of Usernames registered in the system, you may not get your first choice so we ask that you also provide us with alternates. In the event that all your choices are unavailable, we will contact you by phone and help you come up with an acceptable Username.

LOGIN PASSWORD: This is the Password associated with the account that allows you to create and update e-DMR data. The password must be letters and/or numbers (no punctuation marks or spaces), from 6 to 20 characters and must contain at least one number. For example, A1B2C3 would be valid but ABC! would not (contains fewer than 6 characters, contains a non alpha-numeric character and does not contain at least one number).

REMINDER PASSWORD: This is the Password that can be used to retrieve the Login Password using the online reminder page. Common Passwords are birthplace, favorite color or pet's name but any 6-20 alpha-numeric characters (no punctuations or spaces) can be used.

SUPERVISOR PASSWORD : This is the Password that must be entered before a DMR can be submitted to Ecology. The Login Password allows the account user to enter data but will not have enough security to submit the data to Ecology. This password is 6 to 20 alpha numeric characters with at least one number. This Password acts as your signature so keep this password secured.

SECURITY WORD/PHRASE : This is a word or phrase that we will be asking you the first time we send an e-mail to confirm that the e-mail address is correct.

Section II. Facilities That Can Be Accessed
Enter the name of the facility (or facilities) as it was registered with the Department of Ecology, the facility's Permit number, role of the person within the facility, whether the user is to receive e-mails when Ecology receives a DMR (Y for YES or N for NO) and whether to **ADD** or **DROP** this facility to the person's list. If you have more than three facilities, include the others as a separate attachment. **NOTE**: You are responsible for notifying the Department of Ecology of any changes to this access list.

Section III. Certification
Read the certification notice and if acceptable, print the name of the authorized representative and the authorized representative's title. Have the authorized representative sign and date the application. The authorized representative does not need to be the same as the CONTACT PERSON.

QUESTIONS
Questions concerning proper completion of this form can be directed to the Department of Ecology (see above for phone numbers).